

CRISIS SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

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- “One of the last frontiers in the movement to ensure a life in the community for all people with developmental disabilities is the development of behavior support and crisis prevention programs in the community”.— Impact, Spring 2001.

Emerging Programs

- Comprehensive state and regional crisis service and support programs are emerging from places committed to retaining their members in the community. All share a commitment to positive behavior supports, multidisciplinary services and the philosophy that personal crisis should be an unacceptable excuse for institutionalizing people.

Behavioral Crisis

- A behavioral crisis is a situation in which a person is engaging in behaviors which, (a) threaten the health and safety of the individual or others, or (b) may result in the person losing his or her home, job, or access to the community. Behavioral crises are among the greatest challenges faced in supporting individuals with developmental disabilities. These problems are a primary reason that individuals are maintained in institutional facilities or lose community placements.

What we know

- The causal factors of complex problem behaviors might BE related to biology, physical environment, social environment, life experiences, psychological well-being or any combination thereof. As such using an interdisciplinary assessment to effectively assess/diagnosis or rule-out health and mental health problems is recommended as best practice (Ferron, Kern, Hanson and Weisler, 1999).

Crisis Management

- There is a great deal of evidence that individuals with developmental disabilities have a high degree of problem behavior and many have co-occurring mental disorders.
- Perhaps as many as one in four individuals with developmental disabilities exhibits challenging behavior (Reiss, 1990).

What are some of the problems?—Joan Beasley, Ph.D.

- King and colleagues found aggression and self-injury were among the most common reasons for referral for psychiatric consultation.
- Health problems are significant contributors to behavioral difficulties. Persons with developmental disabilities have higher incidence of physical problems including epilepsy, hearing loss and visual problems. Undiagnosed or improperly treated physical or medical problems can affect a person's behavior. Medication interactions or misuse may also contribute to problems.

Other Problems

- Social rejection increases depression and anxiety.
- Higher rates of physical, emotional, and even sexual abuse may be responsible for behavioral problems.
- People with developmental disabilities experience the full range of mental health problems, including anxiety disorders, mood disorders, schizophrenia, personality disorders, substance-related disorders and sexual disorders (Reiss, 1994).

What are the Barriers to Service?

- Traditional mental health, substance-related, and primary care services are often fragmented, inaccessible and ineffective as a treatment option for individuals with developmental disabilities. (Nezu, Nezu and Gill-Weiss, 1993).
- Barriers include the individual's limited ability to self-report symptoms and the need to rely on third party sources.

Barriers continued

- Paucity of professionals such as general practitioners, psychiatrists, psychologists, nurses and social workers trained to work with individuals with developmental disabilities.
- Mental health and behavioral problems may be related to the onset of medical conditions. Recognizing and correctly diagnosing these problems is essential to be able to understand challenging behaviors.

Crisis is Not an Excuse

- Crises requiring behavioral support and system response for an individual with developmental disability can be anticipated.
- The individuals are usually well known to the system.
- Usually efforts have been made, complaints escalate and interventions usually escalate leading to people being “discharged” and becoming a “crisis”.

Behavior Support and Crisis Response System

- System planning must ensure that services will be comprehensive and coordinated.
- State institutions are part of the crisis services programs because of the availability of a variety of specialty medical, dental and behavioral support services.
- Crisis support personnel must available to travel to the residence, employment or school setting.

Service Elements

- For people to live in the community successfully there has to be a transfer of a full range of services available in the institutions to the community.
- To sustain community living, specialized services are required. These crisis prevention and response services must include professionals with expertise in treatment of challenging behaviors.
- Crisis respite must be available.

Functional Assessment

- A functional assessment is conducted before an individual's behaviors escalate to the point where the health and safety of the individual or those within the social network are threatened.
- When an individual has been moved to respite or a more restrictive setting during a crisis situation, there is the need for a clear transition plan to ensure a predictable return to home and community.

Training and Technical Assistance

- Help in defining the problem
- Assist with the functional assessment
- Development of a behavior support plan
- Train and support people who will implement the plan whether family members or other types of care givers.

Crisis Prevention

- *The ultimate goal for behavior support programs must be to minimize the possibility of a crisis situation occurring.* (Wieseler and Hanson, 2000).

Building an Effective Strategy for Crisis Prevention

- Identify people at risk. Review the frequency, severity and circumstances of the behavior.
- Aggressive and destructive behaviors, especially when they put others in danger, require a crisis prevention plan.
- Once the behaviors of concern are recognized, determine the factors giving rise to the behavior.
- Build the support plan into the individual's rhythm of life.

DD Practice Improvement Collaborative

- Don Kincaid, Child and Family Studies, University of South Florida and Executive director of the Center for Autism and Related Disabilities-April 2006. Identifying key elements of crisis services and supports.
- Dr. Marc Tasse, University of North Carolina, Center for Development and Learning-August 2006. Reviewing emerging crisis models.
- Joan Beasley, Ph.D. Consultation and Training Services, Chestnut Hill, MA. Co-author of START model with Dr. Robert Sovner-December 2007
- Jarrett Barnhill, M.D., University of North Carolina, Chapel Hill-March 2007. Medications and developmental disabilities,

Some Proven Models

- Systematic, Therapeutic, Assessment, respite and Treatment (START) Model
- Rochester Crisis Intervention Program
- Interface Program
- South Carolina Positive Behavioral Supports
- Assertive Community Treatment Teams

The START Program

- The START model, also known as the Sovner Center Program, has been in service since 1989 (Beasley, 2003; Beasley, Kroll, & Sovner, 1992).
- The START Program is a community-based service that offers interdisciplinary clinical services, emergency services and respite care for individuals with intellectual disabilities and experiencing mental health or complex behavior problems.

The START Program

The START model includes:

- 1 PhD clinical psychologist coordinator
- 1 part-time psychiatrist
- 3 full-time master-level professionals
- 6 full-time bachelor level clinicians, and
- 1 social worker consultant

The START Program

There are four primary components to the START Model:

1. Collaborative Linkages: coordinates the individual's annual crisis and support planning meetings, consultation visits and follow-up meetings => training/TA.
2. Emergency Coordination: clinician serves as a conduit between the residential care providers and the individual's other healthcare and mental healthcare providers – also ensures that a transition plan is established and implemented.

The START Program

3. After-hours Contact: The START Model provides 7-day/24-hour mobile emergency consultation in times of crisis.
4. Respite Service: The START respite service is a 4-bed residential unit that can accommodate a short-term stay in case of crisis or planned respite ~ an emergency respite is no longer than 30 days.

Rochester Crisis Intervention Program

- The Rochester Crisis Intervention Program (CIP) has been in existence since 1987 and serves all individuals identified as having a developmental disability and residing in Monroe County. (Davidson et al., 1995).
- The philosophy of this community-based crisis intervention program is a strong person/family-focused approach with a commitment to comprehensive bio-psychosocial functional behavioral assessments.

Rochester Crisis Intervention Program

- The 24-hour/7-day-a-week services offered through the Rochester CIP include:
 - interdisciplinary crisis team (psychiatrist, psychologist, applied behavior analysts);
 - acute in-patient psychiatric services;
 - specialized “dual-diagnosis” out-patient clinic,
 - residential services;
 - respite services;
 - education/training and technical assistance, and
 - person-centered case management.

Interface Program

The name is drawn from the program's goal to close an identified system gap and provide an interface between mental health and developmental disabilities service/support systems. The Interface Program was developed in 1979 in response to the closing of the developmental centers in the Cincinnati, Ohio area and in an effort to provide specialized supports and services to address the mental health and behavioral needs of these individuals (Woodward, 1993; Wilkerson, 2002).

Interface Program

- The Interface Program service philosophy is that when appropriate types and amounts of supports and treatments are provided in a coordinated, collaborative and planned approach, individuals with developmental disabilities and complex behavioral needs can live successfully and productively in their community.
- The stated goals of the Interface Program are to maximize productivity, quality of life and community inclusion of individuals with developmental disabilities and other co-occurring illness.

Interface Program

- Services offered include:
 - comprehensive interdisciplinary assessments;
 - functional behavioral assessments;
 - psychotherapy;
 - consultation and technical assistance;
 - continuing education/training; and
 - service system advocacy.

South Carolina Positive Behavioral Supports

- Following a consultation process, South Carolina adopted the following recommendations to be implemented statewide:
 - provide technical assistance and training;
 - develop a process to assess quality of behavioral supports; and
 - monitor and share information with state personnel.



The Practice Improvement Collaborative

RECOMMENDATIONS

Recommended Elements

- Person-centered & positive behavioral supports;
- Expert inter-disciplinary team of professionals with 24/7 availability;
- Acute in-patient psychiatric services;
- Systems coordination – facilitate transition to community;
- Residential services;
- Respite (emergency and planned services);
- Person-centered case management; and
- Education/training and technical assistance for caregivers.

Recommended Program - START

- Blends Developmental Center resources with those in communities.
- Focuses on developing integrated service linkages in communities rather than separate system.
- Emphasizes crisis prevention through identification of high-risk individuals, crisis planning and training/technical assistance.
- Provides residential respite services (up to 30 days)
 - planned or crisis response.